

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 09/725,845

Group Art Unit: 1724

Inventors: Zhang et al

Filed: 11/30/00

Title: INTERMOLECULAR BOUND

Examiner: Greene

TRANSITION ELEMENT COMPLEXES

FOR OXYGEN ADSORPTION

# AMENDMENT AFTER FINAL REJECTION

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

In support of the Request For Continued Examination filed with this amendment and response.

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No.: 09/725,845 Group Art Unit: 1724

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Title: INTERMOLECULARLY BOUND TRANSITION ELEMENT COMPLEXES FOR OXYGEN ADSORPTION

#### AMENDMENT TRANSMITTAL LETTER

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. The fee for this Amendment has been calculated as follows:

#### CLAIMS AS AMENDED

(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Present Extra	Rate	Additional Fee	Fee Code			
Total Claims *27 Independent Claims 4	Minus	** 27 = ** 3 =	0 X \$		= \$ 0	103			
First presentation of multiple dependent claims (\$290) = \$ 0 104  Total additional fee for this Amendment \$ 86									

- If entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid for" in this space is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid for" in this space is less than 3, write "3" in this space.
  - 1. No additional fee is required.
  - to Deposit Account No. 16-2440 for this 2. 🛛 Amendment. A duplicate copy of this sheet is enclosed.
  - 3. 🛛 Please charge any additional fees which may be required by this Amendment, or credit any overpayment to Deposit Account No. 16-2440. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Our Ref.: D-20743-1

Danbury, Connecticut 06810-5113

Date: January 6, 2004

Praxair, Inc.

Telephone No.: (203) 837-2246

Attorney for Applicant(s) Cornelius F. O'Brien

Reg. No. 24579

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial MARADE 9/725,845

Group Art Unit: 1724

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Total Claims *27	Minus	** 27 =	0 X \$	18	= \$ 0	103			
Independent Claims 4	Minus	** 3 =	1 X \$	84	= \$ 86	102			
First presentation of multiple dependent claims (\$290) = \$ 0 104									
Total additional fee for this Amendment \$,86									

- \* If entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid for" in this space is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid for" in this space is less than 3, write "3" in this space.
  - 1. \( \Boxed{\omega}\) No additional fee is required.
  - 2. \( \Big \) Charge \$ 86 \quad to Deposit Account No. 16-2440 for this Amendment. A duplicate copy of this sheet is enclosed.
  - 3. 

    Please charge any additional fees which may be required by this Amendment, or credit any overpayment to Deposit Account No. 16-2440. A duplicate copy of this sheet is enclosed.

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C TO TO

Cornelius F. O'Brien

Reg. No. <u>24579</u>